

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1009

11090

63-045427

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

FILED NOV 22 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN University City	
Length of stay in 1b 4 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Jewish Hosp.		d. STREET ADDRESS (If outside, give location) 8620 Old Bonhomme	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Herman M. Feinstein			
4. DATE OF DEATH Month Day Year Nov. 8, 1963			
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Unknown about 76
9. AGE (last birthday) about 76	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry operator	10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (City and state or country) Russia
12. CITIZEN OF WHAT COUNTRY USA	13a. FATHER'S NAME Unk. Feinstein	13b. MOTHER'S MAIDEN NAME Unk	14. NAME OF HUSBAND OR WIFE Anna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. [Redacted]			
17. INFORMANT Address Mrs. Anna Feinstein 8620 Old Bonhomme			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Coronary Thrombosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0 PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>1947</u> to <u>Nov 8, 1963</u> and last saw him alive on <u>Nov 7, 1963</u> Death occurred at <u>4:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Milven B. Feinstein MD</u>		22b. ADDRESS <u>St Louis Mo</u>	
22c. DATE SIGNED <u>11-8-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE <u>11/10/1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>United Hebrew Temple Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Berger Memorial 4715 McPherson</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 9 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed

Licensed Embalmer No. 4329

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.